

HEALTH OFFICER ORDER NO. _____

Date _____

Mr. _____

Add _____

Dear Mr. _____:

You are hereby served by this Health Officer's Order.

Legal Authority for Order

Revised Code of Washington 70.05, (Powers and Duties of Health Officer)

Factual Basis of Order

There is an outbreak- of 5 cases of Shigellosis occurring among residents at the _____ Mobile Home Park. Conditions at the park are such that the potential for the transmission of infection to other residents is very likely.

Ground for the Order

Under the laws of the State Of Washington, it is my responsibility to protect the health of Lewis County residents. Since you have neglected to take action to improve the sanitary conditions of the park, I am declaring the situation a public health emergency.

Provisions of the Order

You are hereby ordered to stop renting out units to new tenants until:

1. The homes have been inspected.
2. Residents must move out if:
 - a) someone in home had the infection and homes cannot be disinfected.
 - b) there is no running water.
 - c) toilets do not work or have evidence of sewage back-up into the home.
 - d) vector infestation – unable to protect food or children from contact with vectors.
 - e) heating elements do not work.
 - f) evidence of illegal drug manufacturing, respective hazardous materials.

3. All garbage is picked up from the grounds and around people's homes.
4. All garbage must be in rodent proof containers.
5. Adequate dumpsters for the number of residents-at least two-40 yard dumpsters.
6. Fix all broken/open sewer caps and clean-outs.
7. Must have set rules for mobile home park, addressing health concerns.

I am requesting your full cooperation. If you are unable to comply, the Superior Court may be petitioned for a hearing to grant a court order for your cooperation. This letter is being delivered and explained to you by health department staff.

Sincerely,

County Health Officer

A copy of the order has been given to me. All my questions have been asked and answered. I understand that if I have any more questions, I can call the Health Department at # **000-000-000** during working hours.

Signature of person receiving order

Health Department Staff

Please print name: _____

Date

Date